



Department of Health and Human Services



National Hispanic/Latino Customer Services Conference

Improving Hispanic/Latino Customer Service:
Toward a Culturally Competent, Responsive, and
Inclusive Health and Human Services Delivery System

Summary Report

Improving Hispanic/Latino Customer Service

**Toward a Culturally Competent, Responsive, and
Inclusive Health and Human Services Delivery System**



**U.S. Department of Health and Human Services
Office of Minority Health**

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Executive Summary

On January 13-14, 1999, the U.S. Department of Health and Human Services (HHS) convened a conference on Improving Hispanic/Latino Customer Service. The purpose of the 2-day conference was to further advance the Department toward its goal of a culturally competent, responsive, and inclusive health and human services delivery system for the Hispanic/Latino community. The conference also was designed to promote efforts to increase and improve interagency communication, coordination, and collaboration that will result in improving service delivery to Hispanic/Latino Americans.

The conference represents another phase in the implementation of a major HHS initiative based on the 1996 report *The Hispanic Agenda for Action: Improving Services to Hispanic Americans*. The report addressed a broad range of issues related to Department policies and programs and presented a nine-point action plan to ensure that the HHS workforce and services will be responsive to the future health and human services needs of its Hispanic/Latino customers. The need to reengineer HHS programs to meet the needs of this growing customer group is emphasized by U.S. Census Bureau estimates that by the year 2009, 40 million Hispanics/Latinos will live on the U.S. mainland, making this population the largest so-called “minority” group in the country.

At the conference on Improving Hispanic/Latino Customer Service, 226 participants, including HHS decision-makers and external experts, assembled in eight work groups to address crosscutting issues identified in HAA. The work groups developed recommendations and action steps that focused on interagency collaboration, capacity-building activities, and systemic and infrastructural change for implementing the initiative. Topics addressed by work groups were:

- Appropriate communication strategies to reach Hispanic/Latino customers
- External collaborations with the Hispanic/Latino community
- Internal collaborations to serve Hispanic/Latino customers
- Providing culturally competent services to Hispanic/Latino customers
- Developing a Hispanic/Latino workforce
- Establishing partnerships with Hispanic Serving Institutions to increase the participation of Hispanic/Latino Americans in Federal education-related programs
- Hispanic data and policy implications
- Hispanic research agenda.

Work group recommendations included several overarching themes related to HHS building its capacity to improve services to Hispanic/Latino customers. These themes included the need for internal and external coordination and collaboration; funding and accountability measures specifically to support the

implementation of HAA; and a diversified HHS workforce with more Hispanic/Latino Americans in decision-making positions. Recommendations of the eight work groups are summarized below.

Work Group I: Communication Strategies To Reach Hispanic/Latino Customers

This work group recommended establishing an HHS Office of Communications Coordination for Hispanic/Latino customers. The Office would be charged with collecting and posting on a HHS-wide network information on Hispanic/Latino communications channels, resources, best practices, and lessons learned; identifying and using Hispanic/Latino experts; building external partnerships and alliances to foster message dissemination; and creating a culturally competent marketing plan.

Work Group II: External Collaborations With the Hispanic/Latino Communities

This work group's first recommendation focuses on building external partnerships by identifying key Hispanic/Latino leaders who will provide input to the Department and channel information from HHS to their respective constituencies through means such as resource guides, media lists, and a national clearinghouse. A second recommendation calls for the establishment of Hispanic/Latino advisory groups to provide a formal structure for systematically involving identified leaders in planning efforts.

Work Group III: Internal Collaborations To Serve Hispanic/Latino Customers

The recommendation of the work group is for HHS management to establish internal collaborations to comprehensively address identified Hispanic/Latino health concerns, with full accountability for implementation and fulfillment of HAA from the agency level to the external consumer level. Suggested action items include the development and use of standard report cards, accountability standards, a single point of access to HHS best practices information, and measurable objectives for public appraisal of compliance.

Work Group IV: Partnerships With Hispanic-Serving Institutions To Increase the Participation of Hispanic/Latino Americans in Federal Education-Related Programs

Recommendations from this work group include regular exchanges of information between HHS units and Hispanic-Serving Institutions (HSIs) to improve understanding of their respective needs and resources, activities to increase the ability of HSIs to learn about and secure HHS funding, and

funding dedicated to supporting HAA and HSIs. The work group also recommended that HHS work with the Hispanic Association for Colleges and Universities and the Hispanic Serving Health Professions Schools to improve service and partnerships with the HSIs.

Work Group V: Culturally Competent Services to Hispanic/Latino Customers

Two recommendations from this work group address the need to build cultural competency within HHS and among providers of HHS-funded services through training, incentives, data collection, accountability measures, guidelines, and best practice models. Recommendations to improve customer services for Hispanics/Latinos address the need for Spanish-language competency and other ways of ensuring the accessibility and quality of services, education and outreach, and customer satisfaction measures.

Work Group VI: Hispanic/Latino Workforce

This work group's recommendations call for HHS to provide financial incentives and rewards for promoting diversity within the workforce, to mandate diversity in all recruitment and retention and management panels; to include accountability for diversity issues in annual appraisals; and to use the temporary, noncompetitive, and contract workforce more effectively. Also recommended were a demonstration program to implement an alternative merit selection system and the development of centralized information on HHS employment opportunities.

Work Group VII: Data and Policy Implications

Recommendations from this work group include developing internal strategic planning and training and education programs on the importance of data collection and analysis; improving data collection methods with a particular emphasis on recruitment activities and subgroup populations; and including culturally and linguistically competent data management specialists in design planning meetings. The work group also recommended that HHS ensure the high quality of data analysis, interpretation, and dissemination; develop standardized interface protocols for Federal data collection systems; and develop integrated data systems with standardized definitions for data fields.

Work Group VIII: A Hispanic/Latino Research Agenda

This work group's three recommendations call for HHS to develop, design, and implement accountability procedures in research; develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research; and evaluate the existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.

Introduction

Background

In March 1995, Donna E. Shalala, Secretary of Health and Human Services, authorized the establishment of the Departmental Working Group on Hispanic Issues (DWGHI) to develop ways for the Department of Health and Human Services (HHS) to improve its delivery of services to the Nation's more than 27 million Hispanic/Latino Americans and to examine the severe underrepresentation of Hispanic/Latino employees in the HHS workforce. This effort was intended to support President Clinton's "reinventing government" agenda and to ensure the delivery of the highest quality of HHS services possible to Hispanics/Latinos. The need to reengineer HHS programs to meet the needs of this growing customer group is emphasized by U.S. Census Bureau estimates that by the year 2000, more than 31 million Hispanics/Latinos will live on the U.S. mainland. By 2009 this number is expected to increase to 40 million, making Hispanics/Latinos the largest so-called "minority" group in the country.

In September 1996, the Secretary launched a major initiative based on DWGHI's final report, *The Hispanic Agenda for Action: Improving Services to Hispanic Americans*. The report addressed a broad range of issues related to HHS policies and programs and presented a nine-point action plan to ensure that the HHS workforce and services will be responsive to the future health and human services needs of its Hispanic/Latino customers. In a communication to HHS Operating Division (OPDIV) and Staff Division (StaffDiv) heads and regional directors, the Secretary noted that the "overriding message of the report is that we must enhance our efforts to communicate effectively with our Hispanic customers, solicit their input on our policies and programs, and assess their satisfaction with HHS."

The Hispanic Agenda for Action (HAA) nine-point plan has served as the Department's blueprint for enhancing its ability to serve Hispanic/Latino customers. Crucial to this plan were recommendations in the areas of:

- HHS capacity to serve Hispanic Americans, including the diversification of the HHS workforce and the involvement of Hispanic customers
- Implementation of President Clinton's Executive order on Educational Excellence for Hispanic Americans
- Hispanic data issues
- A Hispanic health agenda
- Research activities involving Hispanic investigators and participants
- Crosscutting collaboration within HHS
- The ability of Hispanic American-owned companies to compete for HHS procurement opportunities
- Language barriers to Hispanics accessing HHS services
- Establishment of a departmental Hispanic Steering Committee.

To facilitate the implementation of HAA recommendations, the Secretary appointed a HAA Steering Committee and requested the development of OPDIV and StaffDiv action plans. Further followup was provided by the National Hispanic Health Symposium, Building a Healthy Nation, a 3-day meeting convened by HHS in September 1997. The symposium brought together HHS officials and leaders in Hispanic/Latino communities to review HAA. A major outcome of the meeting was a consensus by the Hispanic community leadership on the need for capacity building within HHS to address the critical needs of Hispanic/Latino customers that were identified in HAA.

HHS Conference on Improving Hispanic/Latino Customer Service

Another phase in implementing HAA began on January 13-14, 1999, when HHS convened a conference on Improving Hispanic/Latino Customer Service. The purpose of the 2-day conference in Washington, DC, was to continue to move HHS programs toward the goal of a culturally competent, responsive, and inclusive health and human services delivery system for the Hispanic/Latino community. The conference also was designed to promote efforts to increase and improve interagency communication, coordination, and collaboration that will result in improving service delivery to Hispanic/Latino Americans.

The conference objectives were to:

- Use the nine elements of HAA to build the capacity of HHS to better serve the needs of the Hispanic/Latino community
- Present internal and external best practices models on capacity-building and crosscutting activities that can be replicated within HHS
- Develop consensus recommendations that focus on interagency collaboration on identified HAA crosscutting issues, capacity-building activities, and systemic and infrastructural change for implementing HAA.

The conference's 226 participants included midlevel and upper level decision-makers at HHS as well as external experts and workers in the field who provided a "real world" perspective to deliberations. Attendees first listened to Hispanic keynote speakers such as David E. Hayes-Bautista, Ph.D., who challenged current paradigms and stereotypes with new data and insights on the Hispanic population. Other plenary speakers presented best practice models for building capacity and fostering collaboration in crosscutting areas identified in HAA.

Conference participants then divided into eight work groups, where they worked with professional facilitators. After deliberating various challenges

and barriers to implementing HAA, each work group developed a set of recommendations and action steps that were shared with the full conference body. Topics addressed by work groups were:

- Appropriate communication strategies to reach Hispanic/Latino customers
- External collaborations with the Hispanic/Latino community
- Internal collaborations to serve Hispanic/Latino customers
- Providing culturally competent services to Hispanic/Latino customers
- Developing a Hispanic/Latino workforce
- Establishing partnerships with Hispanic Serving Institutions to increase the participation of Hispanic/Latino Americans in Federal education-related programs
- Hispanic data and policy implications
- Hispanic research agenda.

Organization of the Report

The following section describes dominant propositions that emerged from the eight sets of work group recommendations and indicates areas of most concern to conference participants. Each of the eight subsequent sections focuses on one of the HAA capacity-building and crosscutting issues addressed by a work group. After an introduction to the topic area, the report discusses gaps and needs that were identified by each group. Recommendations outline areas for focusing efforts to implement HAA. Action steps illustrate specific ideas for implementation.

Overarching Themes

An analysis of work group recommendations revealed several overarching themes related to HHS building its capacity to improve services to Hispanic/Latino customers. The themes discussed below reflect approaches that were recommended by several work groups. These themes may be useful for determining priority steps to improving Hispanic/Latino customer service.

Coordination and Collaboration

Most work groups recommended some type of internal coordination or information-sharing within HHS. For example, the establishment of an Office for Hispanic/Latino Communications Coordination within the Office of the Secretary (OS) would foster the development of a departmentwide communications network to disseminate information and promote cultural competency. A crucial element of internal coordination is the availability of centralized information about personnel vacancies and other employment opportunities, available funding, best practices, and findings and results from HHS-funded studies. The Internet is an important channel for centralizing information. The HHS Hispanic Web page (<http://www.hhs.gov/about/HEO/hispanic.html>) is an example of a single point of access for key documents such as the HAA, Together Organized Diligently Offering Solidarity (TODOS), and relevant departmental policies. A human resources Intranet was recommended to share resources and enhance HHS diversity efforts. Improved intra-agency and inter-agency collaboration and coordination are needed in programs with Hispanic/Latino-specific issues and target populations (e.g., the Child Health Insurance Program and Medicaid).

Collaboration with nongovernment agencies also was recommended in several topic areas. Examples include partnerships with the States, Hispanic Serving Institutions (HSIs), and umbrella organizations such as the Hispanic Association for Colleges and Universities (HACU) and the Hispanic Serving Health Professions Schools (HSHPS). Also recommended were outreach partnerships with Hispanic/Latino professionals (e.g., doctors, lawyers, and social workers) and media representatives and the establishment of local, regional, and national Hispanic/Latino advisory councils. These partnerships are recommended as a means to communicate more effectively with Hispanic/Latino communities about HHS funding opportunities, improve the cultural competency of HHS services for Hispanic/Latino customers, increase Hispanic/Latino participation in federally funded education programs, and enhance recruitment of Hispanic/Latino employees.

Funding

All work groups considered it critical for HHS to provide funding specifically to support the implementation of HAA and the recommendations made at the Improving Hispanic/Latino Customer Service conference. Broad recommendations include setting aside HHS discretionary funds to support HAA activities and adding funds for HAA activities as a budget line item. More targeted recommendations requested funds for recruitment bonuses, financial aid programs, and other incentives to build cultural competency; “set-aside” grants for HSIs; existing Office of Minority Health (OMH) cooperative agreements with HACU and HSHPS; technical assistance (TA) grants for service providers, training workshops, and educational summits; full-time equivalents (FTEs) for data collection and analysis; and \$100 million for Hispanic/Latino research. Suggestions for maximizing the Department’s financial resources included pooling existing HAA-related funding from HHS agencies for HSI activities, utilizing existing agencies’ training budgets, and scheduling national and regional meetings to coincide with conferences and other related events.

Accountability

Accountability measures were recommended by nearly all work groups to promote implementation of HAA. Approaches to ensuring accountability within HHS include agency report cards with timelines, performance standards and measures, annual appraisals that address measurable and proactive steps, and tracking systems to monitor implementation. It was suggested that the scope of the Department Minority Initiatives Coordinating Committees (DMICCs) be expanded to include the development and monitoring of accountability standards. In areas such as research, short- and long-term performance standards should be aligned with Government Performance and Results Act (GPRA) performance objectives. Recipients of HHS contracts and grants can be held accountable through stipulated requirements to establish strategic plans and goals related to the delivery of culturally competent services to Hispanic/Latino customers. Recommended mechanisms for obtaining feedback from the Hispanic/Latino community include simplified customer surveys with measurable objectives for public appraisal and mandated postselection exit interviews to determine applicants’ perception of the HHS recruitment process.

Workforce Diversity

Several work groups emphasized the need for a diversified HHS workforce, particularly with more Hispanic/Latino Americans in positions involving planning and evaluation, personnel selection, grant review, and other decision-making. The work group on a Hispanic/Latino workforce

presented a comprehensive strategy to address the recruitment and retention of more Hispanic/Latino employees. Recommendations included more effective use of temporary, noncompetitive, and contract employees; mandates for diversity in all recruitment and retention management panels; a demonstration program to implement an alternative merit selection system; and the development of a human resources intranet.

Additional concerns about the diversity of the HHS workforce were raised by other work groups. The disproportionately small representation of Hispanic/Latino Americans in the Department's workforce was cited as contributing to missed opportunities for collaboration internally as well as with Hispanic/Latino communities. Better representation of Hispanic/Latino employees in the HHS workforce and among State, grantee, and other providers also was considered vital for ensuring the delivery of culturally competent services. Increasing the number of Hispanics/Latinos in policy-making and budgeting positions within HHS is an important strategy for enhancing partnerships with HSIs and Hispanic/Latino participation in Federal education programs. Agencies that collect and process data are asked to ensure greater Hispanic/Latino representation in positions involved with decision-making and data interpretation. The prioritization, planning, and design of Hispanic/Latino research is another area where the input of Hispanics/Latinos is recommended.

Work Group I: Communication Strategies To Reach Hispanic/Latino Customers

Introduction

Health information and education materials and programs specifically designed for Hispanic/Latinos can strengthen the ability of these target audiences to make well-informed decisions about their health. In 1986, the Secretary's Task Force on Black and Minority Health identified improved, culturally sensitive health information and education for minority populations as an important goal for influencing the overall health status of these groups. Since then, much has been learned about the importance of developing materials and presentations that meet the language and cultural needs of Hispanic/Latino audiences and of using community resources for tailoring educational approaches. HAA recommendations also emphasized "culturally and language appropriate techniques" in HHS communications with its Hispanic/Latino customers.

Plenary speaker Carlos A. Ugarte, M.S.P.H. offered as a best practices model the National Institutes of Health's (NIH) Hispanic Communications Initiative (HCI), which Mr. Ugarte coordinates. HCI is a multifaceted effort to communicate NIH health information to Hispanic/Latino communities in an appropriate and culturally competent manner. Mr. Ugarte suggested that a new paradigm in Hispanic/Latino health communications includes more respectful language (e.g., "hardly reached," rather than "hard-to-reach" groups), the integration of messages and approaches, a focus on behavior change rather than merely awareness, and community mobilization for community-based solutions.

The work group on communication strategies addressed ways to establish and maintain communication with the Hispanic/Latino community-based organizations through the development of appropriate Spanish-language versions of program and policy information; effective use of Hispanic/Latino media; collaboration with Hispanic/Latino community organizations; and sponsorship of conferences, meetings, and symposia. The work group developed an inventory of existing HHS collaborations (both within and outside the Department), resources and materials, and dissemination and evaluation tools that are fostering communication with Hispanic/Latino customers. Examples include NIH's HCI; Spanish-language materials, toll-free telephone lines, and Web sites developed by HHS agencies; and intra-agency ventures such as the Medicare/Medicaid customer satisfaction survey that was developed in Spanish by the Health Care Financing Administration and the Agency for Health Care Policy and Research.

Recommendation

A consensus was reached that the identified needs could be addressed by one global recommendation.

Recommendation

Establish a Secretary's Initiative for an HHS Office of Communications Coordination for Hispanic/Latino customers. This office would serve as a model for all other cultural-ethnic populations.

Gaps and Needs

Despite these existing activities and resources, the work group identified significant gaps in meeting the communication needs of the Hispanic/Latino community. These gaps and needs included:

- Evaluation mechanisms to determine the effectiveness of culturally competent and appropriate programs
- Enhanced HHS intra-agency communication
- Private-public partnerships and alliances to help HHS disseminate information to the Hispanic/Latino community
- Innovative dissemination strategies
- Intra-agency education and training on culturally competent and appropriate communications
- A list of best practices and lessons learned from work with the Hispanic/Latino community
- A culturally competent marketing plan.

Recommendation

A consensus was reached that the identified needs could be addressed by one global recommendation.

Recommendation: Establish a Secretary's Initiative for an HHS Office of Communications Coordination for Hispanic/Latino customers. This office would serve as a model for all other cultural-ethnic populations.

Action Steps

- Develop an HHS-wide inventory of events/activities/services.
 - Develop an HHS-wide communications network.
 - Create a communication channel resource list that includes television, radio, translation and interpreting services, audiovisual resources, Internet Web sites, telephone helplines, and publications.
 - Issue a list of best practices and “lessons learned” twice a year.
 - Identify existing resources in capacity-building and training in cultural competency, and encourage staff to participate in training sessions.
- Establish the Secretary's Office of Communications Coordination.
 - Create intra-agency collaboration.
 - Identify Hispanic/Latino experts to support external activities.
 - Integrate and institutionalize culturally competent communication strategies into all HHS business.
 - Share the information throughout HHS by developing innovative dissemination techniques (e.g., Web sites).

- Build partnerships and alliances to enhance message dissemination.
- Ensure that capacity-building and training mechanisms are in place so that HHS staff is able to digest the information.
- Create a marketing plan.
 - Establish a Hispanic/Latino Communication Research Section for HHS.
 - Identify consumer and customer needs using culturally competent and appropriate marketing techniques.
 - Conduct community-focused research that incorporates the following types of research activities: audience driven, marketing, formative, evaluation, monitoring, and coordination.
 - Incorporate marketing analysis in all components of the plan.
 - Create a mechanism for disseminating findings and results to HHS staff using means such as mentors, databases, and Web sites.
 - Identify appropriate methods (e.g., journals, newsletters, conferences) of disseminating the findings and results to audiences outside HHS.

Summary

The recommendation for establishing an HHS Office of Communications Coordination for Hispanic/Latino customers reflects the work group's recognition that improved interagency communication, coordination, and collaboration are essential to developing effective communication strategies to reach this target audience. An important element of this recommendation is enhancing Department capacity by collecting and posting an HHS-wide network information on Hispanic/Latino communications channels, best practices, lessons learned, and capacity-building and training resources. The essential involvement of the Hispanic/Latino community is fostered by the recommended charge to the Office of identifying and using Hispanic/Latino experts and building external partnerships and alliances to foster dissemination of messages to Hispanic/Latino audiences. The crucial step of creating a culturally competent marketing plan is addressed in a recommendation that calls for customer-focused research, market analysis, and mechanisms to disseminate findings to HHS staff. The work group identified other concerns that it did not address directly in its recommendation. These concerns included the need for translations that are culturally competent and appropriate, consumer satisfaction surveys that reflect cultural competency and appropriateness, the dissemination (not just the development) of communications, and an emphasis on outreach and alliance building.

Work Group II: External Collaborations With the Hispanic/Latino Communities

Introduction

HAA acknowledged that a critical aspect of improving HHS services to Hispanic/Latino Americans is the development of “effective mechanisms to reach out to Hispanic communities and enhance their involvement in shaping departmental policies and programs to meet their needs.” The work group on external collaborations was asked to consider ways to encourage the formation of partnerships between HHS agencies and Hispanic/Latino community-based organizations (CBOs) to address health and human services issues that affect Hispanic/Latino customers. Plenary speaker Richard E. Spencer, Jr., described the Hispanic/Latino Health Initiative of the Ohio Commission on Minority Health as a best practice model. This initiative provides grants to Hispanic/Latino health and social services centers, coalitions, and other CBOs to improve the delivery of health services to Ohio’s second largest minority population.

Work group participants concluded that a diverse but fragmented assortment of outreach activities currently take place within HHS agencies. Activities were grouped into several broad categories, including grant programs targeted at CBOs serving Hispanic/Latino populations, recruitment of minority students through outreach by scientists at NIH and other agencies, “person-to-person” outreach at the community level (e.g., to reach troubled youth and populations at risk for drug abuse problems), community meetings convened by HHS regional office personnel, and use of national organizations to reach and involve affiliates at the local level. Acknowledging that their agencies had already identified Hispanics/Latinos as high-priority targets for outreach efforts, work group participants noted that many activities are taking place to support the objective of expanding external collaboration.

Gaps and Barriers

Despite current activities, many gaps and barriers need to be addressed. Among the many barriers identified, key areas of concern included:

- **Restricted Access to Information**—Current outreach efforts have not sought out Hispanic/Latino groups and community leaders. Key agency planning and policy development meetings tend to include the same groups and people, and the current leaders often do not represent Hispanic/Latino communities. Focus group research also shows that information about Federal programs and funding opportunities does not reach most CBOs that serve Hispanic/Latino people.

Recommendation 1

Identify, locate, and profile Hispanic/Latino customers and communities.

Recommendation 2

Create and support the establishment of local, regional, and national Hispanic/Latino advisory councils.

- **Policy and Planning Issues**—Outreach can raise expectations and get communities involved and excited, but funds often are not available to support the enthusiasm that is generated. Immigrants' fear of deportation also has been a major impediment to HHS programs that serve Hispanic/Latino communities. Furthermore, shifts in priorities, plans, and policies that occur as administrations and executive personnel at the Department change complicate long-range planning and consistent program development for external liaison efforts.
- **Intra-Agency and Inter-Agency Coordination**—A lack of agencywide planning and coordination fragments efforts of individual HHS agencies. Furthermore, improved intra-agency communication and collaboration within the Federal Government are urgently needed.
- **Poor Communication With External Groups**—The complexity of eligibility requirements for federally funded client services poses barriers. Despite wide agreement that materials should be simple and easy to understand, most HHS publications, including the relatively limited numbers of Spanish-language materials, use complex legal and regulatory language.
- **Management and Personnel Issues**—The Hispanic/Latino staff of HHS does not reflect the growing proportion of this group within the U.S. population. Because the staff contains few people of Hispanic/Latino origin, key opportunities are being missed. The absence of Hispanic/Latino employees also means that there are few advocates to identify gaps in program funding or actively seek changes and shifts in current priorities. Furthermore, HHS has not defined effective performance and quality measures for assessing program and health outcomes among Hispanic/Latino populations.

Recommendations

The work group developed two recommendations with numerous action steps to address the identified concerns.

Recommendation 1: Identify, locate, and profile Hispanic/Latino customers and communities.

HHS agencies often lack information needed to target and reach out to the Hispanic/Latino community. As a result, planning meetings and other key forums often do not include leaders from the Hispanic/Latino communities. By increasing knowledge of who needs to "be at the table," HHS agencies can better target the flow of information to and through organizations that serve these populations. This strategy will help improve communication with CBOs that deliver services at the local level with funding assistance through

HHS and, ultimately, lead to awarding more Federal dollars to organizations active within Hispanic/Latino communities.

Action Steps

The work group recognized that the following list of action steps may not be appropriate for each HHS component and already may be under way in many HHS agencies. The intent of these recommended steps is to convey the need for a more systematic, coordinated approach within the Department.

- Improve internal HHS systems for conducting outreach and external liaisons.
 - Use the resource guide developed by OMH to identify Hispanic groups relevant to efforts of each HHS agency.
 - Use focus groups and other communication research strategies to increase understandings about needs of Hispanic/Latino customers.
 - Invite participants and speakers from Hispanic/Latino communities to HHS planning and policy development events.
 - Develop Hispanic/Latino media lists for departmentwide use.
- Intensify and improve outreach efforts at the community level.
 - Use person-to-person outreach and community systems to disseminate information. Emphasize the use of libraries and senior centers and the development of Internet sites for Hispanic/Latino communities. Increase efforts to work with community leaders, faith communities, and school systems. Expand community sponsorship of events to reach people at the local level.
 - Establish new Hispanic outreach partnerships and expand the involvement of existing networks at the local, regional, and national levels.
 - Network with local professionals (e.g., doctors, lawyers, and social workers).
 - Work with local congressional offices.
 - Establish a national clearinghouse to improve information dissemination.

Responsibility

- All agencies in HHS

Timelines and Outcomes

- Develop a summary of the current status of agency outreach to Hispanics/Latinos and prepare an implementation plan for an expanded effort within 3 months.

- Develop an identifiable product to help create an infrastructure for outreach within 9 months; products could include the following:
 - Resource directory
 - Lists of organizations targeted for partnership
 - Databases (e.g., community organizations, media lists)
 - Hispanic customer service guides
 - New and expanded outreach networks.

Resources Required

- New technical assistance grants for Hispanic/Latino providers
- Dedicated management, staff, and dollars
- Designation as a departmentwide priority.

Recommendation 2: Create and support the establishment of local, regional, and national Hispanic/Latino advisory councils.

Hispanic/Latino-serving organizations and leaders within local communities have not been systematically included in HHS events where they can serve as advocates for these populations. The formation of Hispanic/Latino advisory groups can provide a formal structure for planning efforts and advocacy to promote more communication between HHS and external organizations that can help improve customer services.

Action Steps

The following key action steps will be required to carry out the recommendation. The work group assumed that no additional funds will be available for such an initiative but felt that existing funds could be shifted from other lower priority activities to fund the recommended Hispanic/Latino advisory councils.

- Review grant dollars provided to local communities and identify communities that have not received an equitable proportion of Federal funds.
- Disseminate information about the availability of grant funds through nontraditional sources (e.g., reaching the media and communicating directly with Hispanic/Latino-serving CBOs).
- Employ the improved infrastructure developed through the activities referenced in Recommendation 1 to support the work of the new Hispanic/Latino advisory councils.

Responsibility

- OPDIV heads
- Public affairs offices
- External affairs offices
- Agency regional and field operations.

Timeline and Outcome

- Identify and recruit participation by groups and leaders from a wide range of Hispanic/Latino-serving community groups.
- Convene groups within 4 months.

Resources

- Leverage existing resources by building on existing conferences and meetings.
- Reprioritize the use of available resources.

Summary

These recommendations address the need to systematically involve Hispanic/Latino communities in HHS policy and planning processes to improve the Department's provision of services to its Hispanic/Latino customers. The first recommendation focuses on building external partnerships by identifying key Hispanic/Latino leaders who will provide valuable input to the Department and channel information from HHS to their respective constituencies. Supplementing existing HHS activities with the development of resource guides and media lists, networks with local professionals, and a national clearinghouse are a few of the methods suggested for improving HHS outreach to Hispanic/Latino communities. The recommendation to establish Hispanic/Latino advisory groups is intended to provide a formal structure for systematically involving identified leaders in planning efforts at the local, regional, and national levels and to provide a Federal forum for Hispanic/Latino advocacy efforts. These advisory councils could serve as two-way communication channels by articulating community issues for HHS and helping disseminate information about Federal programs and funding to Hispanic/Latino CBOs that otherwise might not become aware of new HHS grant opportunities.

Work Group III: Internal Collaborations To Serve Hispanic/Latino Customers

Introduction

HAA recognized that although “each HHS OPDIV has a unique mission, programs from different agencies sometimes have similar goals and target populations” that possibly could be coordinated to improve customer service. The purpose of the work group on establishing internal collaborations was to demonstrate how collaboration among agencies can be cost-effective and efficient at enhancing HHS’ ability to serve Hispanic/Latino customers. The work group defined “internal” as being within HHS and considered “collaborations” to take many different forms, from the sharing of lessons learned, to exchanging technical information and data, to pooling resources and expertise.

Plenary speaker Richard Walling presented the United States-Mexico Border Health Commission as a best practice model whose members include Federal and State stakeholders from both countries. Other examples of HHS collaborations that already exist include the President’s initiative to eliminate ethnic and racial disparities, the Fatherhood Initiative, and Healthy People 2000 and 2010. These activities led the work group to conclude that the infrastructure for internal collaborations is in place and that building additional structures could potentially overburden the system.

Gaps and Needs

Despite current collaborations within HHS, the existing infrastructure is not perceived as being necessarily “friendly” to Hispanic/Latino populations. Work group participants expressed concern that a lack of bilingualism at HHS inhibits the Department’s ability to effectively respond to Latino customers and forge effective alliances within the Department. This problem might arise partly from the fact that there are not enough Hispanics/Latinos applying for middle- or senior-level positions within HHS. Moreover, the infrastructure for internal collaborations is not utilized optimally. For example:

- There is a lack of consolidation and blending of initiatives.
- Categorical funding hampers collaborations.
- Current collaborations are not measurable or enforceable.

The insufficiency of Hispanic/Latino applicants for higher HHS positions could potentially be remedied if more Government jobs were available in areas where significant Hispanic/Latino populations are concentrated (e.g., the southwest United States). Many Hispanics/Latinos do not want to relocate to apply for or accept a Government job and leave their families and other support systems. However, these individuals may be willing to “telecommute” or accept Government employment in their area. Another

Recommendation

HHS management must comprehensively address identified Hispanic/Latino health concerns and establish internal collaborations to address those concerns, with full accountability for implementation and fulfillment of the initiative from the agency level to the external consumer level.

option would be to outsource or contract with Hispanic/Latino individuals or organizations outside the Government to review proposals and grants or to help with program development. Moreover, students should be recruited from minority-rich universities for both summer internships and full-time employment so that more Hispanics/Latinos receive exposure to Government work.

With regard to a lack of consolidation of initiatives, work group participants observed that many so-called minority populations have similar needs, and therefore initiatives targeted at such populations should perhaps be consolidated. This consolidation should not necessarily involve individualized approaches for each subpopulation, but, rather common needs should be addressed across populations and then diversified for specific groups.⁷

With regard to funding problems, the work group noted that health initiatives often are funded piecemeal, with funds earmarked for use by a specific agency or component of HHS. For example, each HHS agency has separate funding allocations and separate 5-year and 10-year strategic plans. Most of these plans and appropriations do not take collaborations with other agencies into account, even as a mechanism to consolidate resources. The work group suggested that financial and strategic planning should occur across HHS. At the Department level, staff should look across agencies to determine where overlapping activities exist and where potential collaborations could be formed. An annual coordination meeting could be convened to mesh resources. In addition, funding streams could be leveraged, as they already are for areas such as substance abuse and the health disparities initiative.

Recommendation

Based on these observations, the work group developed one primary recommendation with several action steps.

Recommendation: HHS management must comprehensively address identified Hispanic/Latino health concerns and establish internal collaborations to address those concerns, with full accountability for implementation and fulfillment of the initiative from the agency level to the external consumer level.

Action Steps

- Within 6 months, each agency must implement a standard report card with an attached timetable that responds to overarching mandates.

Examples of this action step could include the Centers for Disease Control and Prevention (CDC) potentially taking the lead on developing a standard report card related to adult and childhood

immunizations and coordinating activities among the other HHS agencies that could potentially be involved in immunization; the National Institute of Diabetes and Digestive and Kidney Diseases possibly taking charge of diabetes issues in Hispanic/Latino populations; and the Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health potentially taking the lead in worker health and safety, particularly because there are many migrant and temporary workers in the Hispanic/Latino community.

- Within 6 months, the scope of DMICCs must be expanded to include development and monitoring of accountability standards (new or already established).

Accountability was identified as a major component of any recommendation. The work group noted that although there have been many conferences, initiatives, and other activities to establish internal collaborations related to the Hispanic/Latino population in the past, none has been successful because no entity was held accountable for implementation and success. Enforcement of initiatives should be a priority. Overall, it was concluded that DMICCs need marketing and further buy-in to be effective.

- A single point of access needs to be developed to information regarding best practices across the agencies within HHS.

Development of a centralized source of information is important because many initiatives are already in place but have not yet been implemented or integrated throughout HHS. These initiatives could be completed or used as a foundation to build new efforts. More sharing of best practices and other information among HHS agencies would obviate the need to “reinvent the wheel.”

In addition, Department-level staff members should look across agencies to identify overlapping activities and areas where collaborations potentially could be built. Another option would be to convene a committee (with representation from each agency/HHS component) when HHS-wide strategies are being formed. Representatives should be aware of all the activities of their respective agencies and should have access to all managers within their agencies.

Although technology transfer often requires additional resources, sharing information generally can be cost-effective and should be pursued.

- It is necessary to provide measurable objectives in simplified format for public appraisal of compliance.

The provision of measurable objectives should entail using a flexible format that can gauge whether programs and initiatives are working. Other options include holding agency directors accountable for adhering to performance measurements or tying compliance to future funding. Successful compliance and accountability should be recognized or rewarded.

Summary

Over the past decade, there have been numerous meetings and “calls to arms” on improving internal collaborations to enhance HHS’ responsiveness to Hispanic/Latino consumers. However, these events have merely identified problems without ensuring their solution through specific action items. Therefore, accountability is needed among agency directors responsible for program planning and budgeting related to Hispanic/Latino health initiatives. Such planning must be comprehensive and encompass enforceable accountability standards and benchmarks for success.

As part of this effort, HHS management must comprehensively address and identify the major Hispanic health concerns, establish collaborations to address them, with full accountability for implementation and fulfillment from top down (e.g., from the agency level through the external customer level).

Work Group IV: Partnerships With Hispanic-Serving Institutions To Increase the Participation of Hispanic/Latino Americans in Federal Education-Related Programs

Introduction

Hispanic-Serving Institution's (HSIs) are identified in HAA as vehicles through which HHS can improve its delivery of services to Hispanic/Latino customers and address the underrepresentation of Hispanic/Latino employees in the Department. In 1994 and 1995, HSIs (defined in table 1) served nearly 40 percent of all Hispanic/Latino Americans in higher education. This contribution is important because Hispanics/Latinos are much less likely to attend and complete higher education than are whites. In 1996, 28 percent of whites 25 to 29 years of age had completed 4 or more years of college compared with only 10 percent of Hispanics. HSIs can help increase the number of Hispanics/Latinos completing college, thereby expanding the pool of eligible candidates for positions in HHS. In partnership with the Department, these institutions also can expose Hispanic/Latino students to work in health-related fields and involve them in health-related research. Lastly, HSIs can help researchers involve Hispanic/Latino populations in studies.

The goal of this work group was to identify ways that the Department can establish partnerships with HSIs. A model for partnering with these institutions was presented by plenary speaker Hector Garza, Ed.D., who described the Faculty Development Initiative funded by OMH and NIH through HSIs. This initiative seeks to build the capacity of HSIs and selected faculty members through direct involvement in workshops, conferences, and other sponsored program activities.

The work group discussed current HHS activities in this area, including internship and training programs, scholarships, and cooperative agreements with HACU.

Gaps and Needs

The work group identified several gaps and barriers that impede efforts to establish partnerships with HSIs and increase the participation of Hispanic/Latino Americans in Federal education-related programs.

- HSIs obtain little HHS grant money.
 - HHS does not have effective mechanisms for providing funds to these schools and students. There needs to be a more systematic approach to funding these institutions. Currently, there are no HHS R01 grants at HSIs.
 - People on grant review committees tend to be unfamiliar with the Hispanic/Latino population.

Recommendation 1
Increase funding specifically budgeted for the Hispanic Agenda for Action.

Recommendation 2
Hold four regional TA workshops annually to increase HSIs' awareness of the HHS programs, grants, and contracts available to them and to provide training in proposal writing to improve HSIs' chances of winning funding. The focus of the workshops would be on "How can I write a winning proposal for HHS?" Conduct four regional education summits annually to increase the knowledge of HHS agencies of the capacities and resources HSIs can offer the Department. The summits would include in-depth discussions of HSI and HHS plans, programs, and capabilities to identify opportunities for partnerships.

Recommendation 3
Develop a systematic approach for effective relationships between HHS and the two umbrella organizations, HACU and HSHPS.

Recommendation 4
Increase the number of Hispanics/Latinos in policy-making and budgeting positions within HHS.

- Hispanics/Latinos are lacking in policy-making and budgeting positions in HHS.
 - Outreach has not been performed to ensure that HSIs receive requests for proposals.
 - HHS does not know what technical assistance HSIs need to develop a competitive proposal. Many HSIs do not have the technical abilities to prepare a competitive proposal and need more than a list of criteria for selection of grantees.
- Money is not specifically allocated for the Hispanic Agenda for Action.
 - No resources are currently allocated within HHS units for building capacity and maintaining relationships with HSIs. For example, funds are not allocated to conduct conference calls with HSIs or other Hispanic community leaders.

Table 1. Hispanic-Serving Institution (HSI): Definition and Distribution

Definition: Federal Criteria for Hispanic-Serving Institutions

The Higher Education Act, Title III, Sec. 316, stipulated that an HSI must:

- Be a public or nonprofit institution
- Provide a bachelor's degree or at least a 2-year program acceptable toward a degree
- Be accredited by an accrediting agency or association recognized by the Secretary
- Have high enrollment of needy students
- Have low average educational and general expenditures
- Have at least 25 percent Hispanic undergraduate FTE student enrollment.
- Provide assurances that not less than 50 percent of its Hispanic students are low-income individuals and first-generation college students
- Provide assurances that an additional 25 percent of its Hispanic students are low-income individuals or first-generation college students.

Distribution and Hispanic Enrollment in HSI

Only 177, or 5 percent, of the more than 3,300 institutions of higher education in the Nation are HSIs. Eighty-four of the HSIs are 4-year institutions and 93 are 2-year institutions. The HSIs were found in nine States and Puerto Rico in 1995-96 as shown in the list below.

Jurisdiction	Number of HSIs (% of all HSIs)	Total Hispanic Enrollment in HSI
Puerto Rico	47 (27%)	158,840
California	46 (26%)	152,435
Texas	28 (16%)	114,183
New Mexico	17 (10%)	23,533
New York	10 (6%)	32,015
Illinois	9 (5%)	20,571
Florida	8 (5%)	44,613
Arizona	6 (3%)	13,752
Colorado	4 (2%)	4,290
New Jersey	2 (1%)	3,727

- HHS does not know what HSIs can offer.
 - HHS is not familiar with the capacities of the HSIs to supply the Department with scientists, student interns, and future employees.
- HHS lacks a systematic approach to the relationship with umbrella organizations.
 - HACU and HSHPS are two umbrella organizations through which HHS could better reach HSIs and professional schools serving Hispanics.

Recommendations

To address these gaps and needs, the work group proposed the recommendations listed below.

Recommendation 1: Increase funding specifically budgeted for the Hispanic Agenda for Action.

Actions Steps (1 to 3 years)

- Ask for the commitment from the Secretary to set aside discretionary funds of \$5 to \$10 million toward implementing HAA.
- Create “set-aside” grants for HSIs.
- Identify the existing financial resources that different agencies set aside from their respective HAA plans. Help them pool together resources for HSI activities.

Action Steps (3 to 10 years)

- Build in budget set-asides for HAA with incremental yearly increases to accommodate the projected growth in the Hispanic/Latino population.
- Establish partnerships with States to promote HAA initiatives.

Recommendation 2: Hold four regional TA workshops annually to increase HSIs’ awareness of the HHS programs, grants, and contracts available to them and to provide training in proposal writing to improve HSIs’ chances of winning funding. The focus of the workshops would be on “How can I write a winning proposal for HHS?” **Conduct four regional education summits annually to increase the knowledge of HHS agencies of the capacities and resources HSIs can offer the Department.** The summits would include in-depth discussions of HSI and HHS plans, programs, and capabilities to identify opportunities for partnerships.

Action Steps

- Ascertain management’s commitment to holding the regional TA workshops and education summits as well as the allocation of resources needed.
- Establish a planning and implementation team.
- Identify and distribute to HSIs and umbrella organizations an inventory of HHS programs, grants, and contracts.
- Work with umbrella organizations to facilitate the annual regional TA workshops and education summits.
- Inform HSIs of the logistics of the workshops and summits.
- Conduct two regional TA workshops in 1999.
- Conduct one educational summit in 1999.

- Institutionalize four annual regional TA workshops.
- Institutionalize four annual educational summits.

Recommendation 3: Develop a systematic approach for effective relationships between HHS and the two umbrella organizations, HACU and HSHPS.

Action Steps

- Develop the existing OMH cooperative agreements with HACU and HSHPS in a more systematic manner.
 - HACU and HSHPS should share information about the cooperative agreements with HHS offices and agencies.
 - DMICC should establish liaisons at each HACU and HSHPS, develop a resource notebook on HACU and HSHPS, and develop a forum for HHS, HACU, and HSHPS to discuss their accomplishments and needs.
 - OMH should coordinate monthly meetings with agency liaisons to continue the dialogue.
 - A major effort should be developed that HHS units can support through OMH cooperative agreements (e.g., HACU internship program, HSHPS fellowship program).
 - Support potential from HHS units should be increased through OMH cooperative agreements. Specifically, potential support for HACU and HSHPS should become a monthly agenda item for HHS Minority Committee meetings. OMH should send proposed projects for funding to HHS units.
- Secure discretionary funding, earmarked funding, or other grants for Hispanic/Latino education and research.
 - HACU and HSHPS should be more involved in educating Congress to increase these types of funding.
 - HACU and HSHPS could facilitate the identification of entities and individuals who target Hispanic/Latino populations to apply for these programs.
- Develop grantsmanship training programs for HACU and HSHPS through the Office of Sponsored Programs for some HSIs and for at least one HSHPS. Use a successful Historically Black College or University to assist with training as well as other contractors.
- Develop an infrastructure for maintaining contact between HACU and HSHPS central offices and HHS agencies. OMH should provide followup.
- Increase Hispanic/Latino participation on HHS review committees, including review boards and study sections at NIH and grant review committees at OMH, CDC, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration.
- Include HACU and HSHPS in HHS regional programs.

Resources Required

- HHS should provide funding and liaisons between HACU and HSHPS and HHS.
- OMH needs to set aside discretionary funds; other units in HHS need to identify discretionary funds.
- Other Hispanic/Latino organizations whose mission is to serve Hispanics/Latinos in higher education should be included with HACU and HSHPS.

Recommendation 4: Increase the number of Hispanics/Latinos in policy-making and budgeting positions within HHS.

Action Steps

- Identify and nominate potential Hispanic/Latino candidates from within the Department or other Governmental agencies.
- Enroll potential candidates in management internship programs, executive leadership programs, skills development programs, and mentoring programs using existing HHS units' training funds.
- Use a "special expert" mechanism for recruitment from outside the Federal Government.
- Partner with HACU and HSHPS to use the Intergovernmental Personnel Act mechanisms to hone the skills of existing or potential candidates within an HSI who possess some, but not all, the skills needed for a leadership position. This activity should be jointly administered by HSIs and the HHS unit and be started in the next 2 years.

Summary

The work group provided several recommendations aimed at establishing stronger relationships between HHS and HSIs. Suggested measures included regular exchanges of information between Department units and HSIs to improve understanding of their respective needs and resources, activities to increase the ability of umbrella organizations and HSIs to learn about and secure HHS funding, and funding dedicated to supporting HAA and HSIs. The work group also recommended that HHS work with HACU and HSHPS to improve service and partnerships with the HSIs.

The work group considered the lack of Hispanics/Latinos in positions to contribute to grant, policy, and budget reviews as a barrier to accomplishing more productive partnerships with HSIs. Consequently, the work group suggested several action steps designed to increase Hispanic/Latino representation in these positions. Additional ideas mentioned in this regard included placing Hispanics/Latinos in visible positions and programs,

holding “selecting officials” accountable for increasing recruitment and hiring Hispanics/Latinos, creating incentives for mentorships, and organizing recruitment teams to go to HSIs to recruit senior-level staff.

Work Group V: Culturally Competent Services to Hispanic/Latino Customers

Introduction

Ensuring access to HHS policies, programs, information, and services by all customers requires efforts to overcome cultural, linguistic, and related barriers through a demonstrated commitment to cultural competency. Cultural competency has been identified by the HAA Steering Committee as a cross-cutting issue that needs to be addressed by all HHS components. As a result, the HAA Steering Committee has created a working group comprising HHS representatives to identify relevant cultural competency issues and appropriate strategies for addressing them.

Cultural competency is defined as behaviors, attitudes, and policies that can come together on a continuum; that will ensure that a system, agency, program, or individual can function effectively and appropriately in diverse cultural interaction and settings. It ensures an understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups. Cultural competency is a goal that a system, agency, program, or individual continually aspires to achieve.

– Hispanic Agenda for Action Work Group on
Cultural Competency, DHHS, 1996

The need for culturally competent services for Hispanic/Latino customers was highlighted by DWGHI, which found that most HHS programs lacked effective approaches to addressing the needs of this group. At the conference on Improving Hispanic/Latino Customer Service, the cultural competency work group approached its deliberations with the understanding that the cultural and linguistic needs of Hispanic/Latino customers should be considered in a range of agency-level activities. These activities include planning and budget processes; program implementation and evaluation; research and data policy development; and representation on boards, panels, councils, grant announcements, and contract solicitations.

The goal of the work group was to devise recommendations that would help strengthen and improve services to Hispanics/Latino customers through interagency collaborations, capacity-building, and systemic changes for implementing HAA. The work group extended its definition of “customer” to include not only the diverse groups constituting the Hispanic/Latino population but also grantees and other providers of HHS services. Participants identified an array of Department activities that are focused on enhancing cultural competency. These activities include several Spanish-language home pages on the Internet, the OMH Resource Center, a user liaison program, CDC’s resource directory of culturally appropriate messages for Hispanic/Latino audiences, and numerous toll-free telephone lines that provide information in Spanish.

Recommendation 1
Build HHS capacity for cultural competency.

Recommendation 2
Build providers’ capacity for cultural competency.

Recommendation 3
Improve Customer Service to Hispanic/Latino Recipients of HHS-Funded Services.

Gaps and Needs

Despite these current activities, critical service gaps, unmet customer needs, and barriers to cultural competency continue to hamper HHS' ability to serve its Hispanic/Latino customers. Linguistic barriers to providing culturally competent services cannot be overemphasized. Plenary speaker Frank Meza, M.D., M.P.H., from the Kaiser Permanente Medical Center in East Los Angeles, noted that 42 percent of the center's Hispanic/Latino members needed or preferred Spanish-language services. However, barriers to providing such services include the lack of:

- Tailored Spanish translations that recognize the diversity of the Hispanic/Latino population
- The need for Spanish-translation proficiency in various medical disciplines (e.g., HIV/AIDS, cancer)
- The lack of provider tools for working with translators.

Systemic barriers to culturally competent services include the lack of:

- Centralized resources for information and referrals
- Mechanisms for obtaining customer input
- Provider training in culture, language, and medical issues
- Personal and policy accountability for cultural competency
- Funding for crucial activities such as translation and interpretation services.

Moreover, HHS needs to improve:

- Coordination between agencies for service delivery and outreach efforts
- Partnerships with Hispanic/Latino communities
- Recruitment of Hispanics/Latinos for key access positions within the Department.

Recommendations

An examination of the identified customer gaps and barriers revealed the need for recommendations and action steps in three areas: (1) building HHS capacity for cultural competency, (2) building the capacity for cultural competency among HHS service providers, and (3) improving the delivery of culturally competent HHS services to Hispanic/Latino customers.

Recommendation 1: Build HHS capacity for cultural competency.

Many opportunities exist for building cultural competency within HHS. Action steps in this area address the need to enhance staff cultural proficiency and understanding of Hispanic/Latino issues at all levels, including the

policy-formation level; build better partnerships within the Department and with Hispanic/Latino communities; provide financial incentives for capacity-building; encourage accountability through the formulation of goals, standards, and performance measures; and recruit Hispanic/Latino personnel in key positions within HHS.

Action Steps

- The Secretary of HHS should select and appoint a formal task force (within 90 days) to:
 - Complete an agency snapshot of policies and programs
 - Collaborate with partners to build the capacity for cultural competency
 - Formulate and enforce goals.
- The Secretary should provide incentives (i.e., funds) for agencies to build capacity for cultural competency.
- HHS agencies should:
 - Create and update cultural competency policies as necessary
 - Recruit Hispanic/Latino staff
 - Train HHS staff on cultural competency issues
 - Create and enforce performance standards and measures
 - Evaluate programs.

Recommendation 2. Build providers' capacity for cultural competency.

Recommendations in this area address several key concerns, including the Spanish-language proficiency of service providers; contractor and grantee accountability for providing culturally competent services; and the development of guidelines, best practice examples, and other training and education tools for providers. Diverse approaches were suggested for implementing the recommended action steps. For example, the recruitment of linguistically appropriate staff could be promoted in the short term through job descriptions that include Spanish-language skill requirements and in the long term through curriculum requirements that include studies in at least one foreign language, preferably Spanish. Personal accountability for cultural competency could be tied to job performance appraisals, and accreditation standards developed by the National Committee for Quality Assurance could be used to evaluate grantees and programs.

Action Steps

- States and grantees should train providers in cultural competency (within 60 to 90 days).
- States, grantees, and providers should:
 - Recruit culturally and linguistically appropriate staff (within 60 to 90 days and ongoing)

- Collect relevant data on Hispanic/Latino customers and their needs (within 120 days).
- HHS, OPDIVs, and grants administration should require recipients of contracts and grants to establish strategic plans, goals, and accountability standards related to cultural competency (ongoing).
- HHS and OPDIVs should provide funding (ongoing).
- HHS and States should create practical tools (e.g., provider guidelines for working with interpreters) (within 120 days).
- HHS, States, grantees, and providers should create examples of best practices through collaboration and relationship building (within 180 days).
- Program administration should review existing rules and policies (e.g., Title VI of the 1964 Civil Rights Act) regarding customer accessibility (within 180 days).

Recommendation 3: Improve Customer Service to Hispanic/Latino Recipients of HHS-Funded Services.

The work group recognized that improving customer service to Hispanic/Latino customers involves enhanced efforts to communicate effectively with them, solicit their input on policies and programs, and assess their satisfaction with HHS. Recommendations address these three requirements as well as the need for user-friendly service environments (e.g., culturally appropriate schedules, signs, and décor) and culturally sensitive interactions (e.g., providing respect and “personalismo,” treating the person as a whole rather than treating a disease).

Action Steps

- Program administrators, States, and grantees should increase accessibility to services (e.g., provide coordinated, barrier-free, user-friendly services with bidirectional communication, culturally and linguistically appropriate intake forms, and minimal required documentation) (within 90 days and ongoing).
- HHS, States, and grantees should ensure the provision of quality services to Hispanic/Latino customers (e.g., measure outcomes and client satisfaction with factors such as waiting times and interpreters, provide customer input mechanisms to obtain information on user needs, treat the person as a whole) (ongoing).
- HHS, States, grantees, and providers should provide customer education (e.g., explanation of services, informed consent, and the reasons for providers’ questions) and outreach (ongoing). The definition of outreach needs to be clarified.

- Providers and grant administrators should:
 - Develop Spanish-language and cultural sensitivity skills
 - Become informed about immigration laws and the barriers that they present to service access
 - Minimize barriers posed by client forms and documentation.

Summary

Before developing recommendations with specific roles, responsibilities, and timelines, the work group acknowledged that building cultural competency needs to be an ongoing process that involves everyone in the Department and is supported by funding from all HHS agencies. Two work group recommendations addressed the fundamental issue of building cultural competency within HHS and among providers of HHS-funded services. Action steps in these areas focus on capacity-building through training, incentives, data collection, accountability measures, and tools such as guidelines and best practice models. Also recommended were reviews of current HHS and provider policies that involve cultural competency and customer accessibility. Recommendations to improve customer services for Hispanics/Latinos address the need for Spanish-language competency and other ways of ensuring the accessibility and quality of services, education and outreach, and customer satisfaction measures.

Work Group VI: Hispanic/Latino Workforce

Introduction

According to HAA, increasing the employment of Hispanics/Latinos throughout HHS is a critical step in improving the Department's capacity to meet the health and human services needs of Hispanic/Latino Americans. Secretary Shalala acknowledged that "our capability to serve Hispanic customers is closely linked to both the diversity and the cultural competency of our workforce." However, compared with their counterparts in the civilian labor force (CLF), Hispanics/Latinos continue to be severely underrepresented in most categories of Federal employment, from entry-level to senior-level positions. In 1996, DWGHI found that Hispanics/Latinos represented only 2.75 percent of the total HHS workforce compared with 8.1 percent of the CLF. HAA noted that this underrepresentation exceeds that of all other federally recognized minority groups and is one of the most severe among Federal executive departments.

Plenary speaker Rebecca Lee-Pethel of CDC offered as a best practice model the blueprint for improved recruitment and retention of Hispanics/Latinos that was developed by a CDC work group. In its report Enhancing Hispanic Representation in the CDC/ATSDR Workforce, the CDC work group recommended that the agency actively promote the recruitment of Hispanics/Latinos to a level of 11.1 percent of the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) labor force by 2005, with minimum annual increments of 1.1 percent. Elements of the CDC/ATSDR recruitment and retention plan include analyzing successful recruitment practices, evaluating and tracking progress, identifying issues through exit interviews, promoting a comprehensive Hispanic research agenda, and ensuring career development plans.

At the conference on Improving Hispanic/Latino Customer Service, the work group on developing a Hispanic/Latino workforce was asked to consider recruitment and retention strategies such as working with Hispanic/Latino organizations and developing or identifying culturally appropriate training, career development, and mentoring programs.

Gaps and Needs

The work group identified several areas of concern expressed in discussions with managerial, human resource, and other Federal personnel. These recurring areas of concern and key issues include the need for financial resources, the need for accountability, and the need to change the existing recruitment and retention process.

Recommendation 1

HHS should utilize more effectively the workforce of temporary, noncompetitive, and contract employees.

Recommendation 2

HHS should mandate diversity in all recruitment and retention and management panels

Recommendation 3

Managers should be held accountable for diversity issues at the time of annual appraisal.

Recommendation 4

HHS should establish a demonstration program to implement an alternative merit selection system that addresses systemic barriers to recruitment and retention.

Recommendation 5

HHS should develop a human resources intranet designed to share resources and enhance HHS diversity efforts.

Recommendation 6

HHS should ensure that all vacancy announcements and other employment opportunities are posted on a central Web page.

Specific gaps identified by the work group included the need for:

- An institutional commitment to changing behaviors and attitudes about diversity
- A critical mass of Hispanic/Latino applicants for HHS positions, especially GS-13 level and higher jobs
- An expanded initial recruitment pool that allows more hiring from outside HHS
- Effective approaches to competing with the private sector for highly skilled applicants
- The inclusion of Hispanics/Latinos on selection panels
- Training for Hispanic/Latino employees to foster promotion from within HHS
- Performance appraisals that build in accountability for recruiting a diverse workforce.

Recommendations

Work group recommendations attempted to address needs in the identified major priority areas.

Recommendation 1: HHS should utilize more effectively the workforce of temporary, noncompetitive, and contract employees.

A major drawback in finding highly skilled Hispanics/Latinos for the HHS workforce is in the requirement to hire for a position first from within the Federal workforce. The changing HHS contracting landscape currently is characterized by a trend toward outsourcing and using contractor employees to fill minority requirements. As a result, the number of HHS entry-level jobs (e.g., GS-9 and GS-10) that serve as “bridge” positions to higher level jobs are becoming more limited. This dwindling pool of lower level applicants from which HHS managers can recruit has seriously affected agencies’ ability to groom individuals from within.

Although Hispanics/Latinos and other minorities fulfill Equal Employment Office (EEO) requirements via contract mechanisms, contractor employees are not counted as part of a Federal agency’s full-time EEO head count. In addition, because these individuals are not considered permanent full-time Federal Government employees, they are governed by the regular procurement regulations limiting their availability as an internal recruitment and applicant pool. The work group concluded that HHS needs to create a departmentwide opportunity to recruit and hire these “other head count employees” into the full-time head count.

The Federal Government also needs to become more aggressive in competing with the private sector for skilled applicants. The private sector is able to

offer recruitment incentives (e.g., repayment of relocation costs) that are unavailable to Federal Government managers. More competitive marketing strategies that the Federal Government could use in its recruitment efforts include educating potential applicants about benefits such as programs, loans, and scholarships that are available to Federal employees.

Action Steps

- Allocate OS funds to create a Secretary's Incentive Plan to stimulate the recruitment process.
- Implement a Career Ladder Program aimed at creating GS-5 to GS-11 positions from the alternative workforce and creating a pool of nonclerical employees who will be available from within the Federal Government for training, career development, and promotion into higher grade positions.
- Use recruitment bonuses and loan forgiveness programs to recruit these individuals into the Federal marketplace.

Recommendation 2: HHS should mandate diversity in all recruitment and retention and management panels.

Diversity is needed in the recruitment and selection process to ensure that candidates are effectively sought, interviewed, assessed, and hired. Diversity is needed throughout the entire employment process (e.g., search committees, selection committees) to ensure that the lack of Hispanics/Latinos on selection panels does not adversely affect hiring.

Racism and discrimination are still being encountered in the recruitment and selection of minorities for full-time Federal Government positions. HHS needs to identify mechanisms to ensure that individuals involved in the recruitment and selection process are culturally competent and that diverse panel representation is sustained throughout the entire employment process.

HHS also needs to make individuals at the highest levels of management accountable for meeting EEO requirements pertaining to minority recruitment and retention. EEO personnel as well as program managers should be held accountable for achieving HHS goals. If goals are not being met, the Department needs to better evaluate its efforts and determine how to achieve sustained organizational accountability from senior management to selecting officials.

Action Steps

- Establish a pool of dollars within OS to allow heads of OPDIVs to use "detail" mechanisms to obtain diversity in selection panels.
- Mandate diversity training as a prerequisite to panel participation.

- Mandate postselection exit interviews in survey form to determine applicants' perceptions of the recruitment and retention process.
- Establish an OS-level database of potential panel members who have subject-matter expertise and are culturally competent.

Recommendation 3: Managers should be held accountable for diversity issues at the time of annual appraisal.

Accountability for meeting EEO goals needs to become a critical element in annual individual performance appraisal at all HHS agencies. Accountability measures need to have “teeth” to modify behavior and should focus on hires of Hispanics/Latinos rather than on less important measures such as the number of people sent to a conference. HHS needs to provide bonuses and other incentives for individuals who achieve their EEO goals.

Action Steps

- Mandate that each OPDIV develop financial- and program-related incentives for managers who achieve measurable results in the area of diversity.
- Mandate that a narrative be included in all annual appraisals to reflect measurable and proactive steps that have been taken to address diversity.

Recommendation 4: HHS should establish a demonstration program to implement an alternative merit selection system that addresses systemic barriers to recruitment and retention.

Many practices integral to recruitment and retention policies and processes pose systemic barriers to diversity in the full-time Federal workforce. The work group suggested that an alternative merit selection system was needed to address these barriers. The proposed system would need to assess existing procurement regulations (e.g., the requirement to hire from within), provide more flexibility in hiring from outside existing applicant pools, aggressively compete with the private sector for highly skilled minority professionals, provide financial incentives and resources to assist in recruitment and to reward individuals who hire minorities, provide a sustained institutional commitment to the desired EEO outcome, and change behaviors and attitudes of individuals involved in the selection process.

Action Step

- OS should retain a contractor to develop and implement the demonstration program for implementing an alternative merit selection system.

Recommendation 5: HHS should develop a human resources Intranet designed to share resources and enhance HHS diversity efforts.

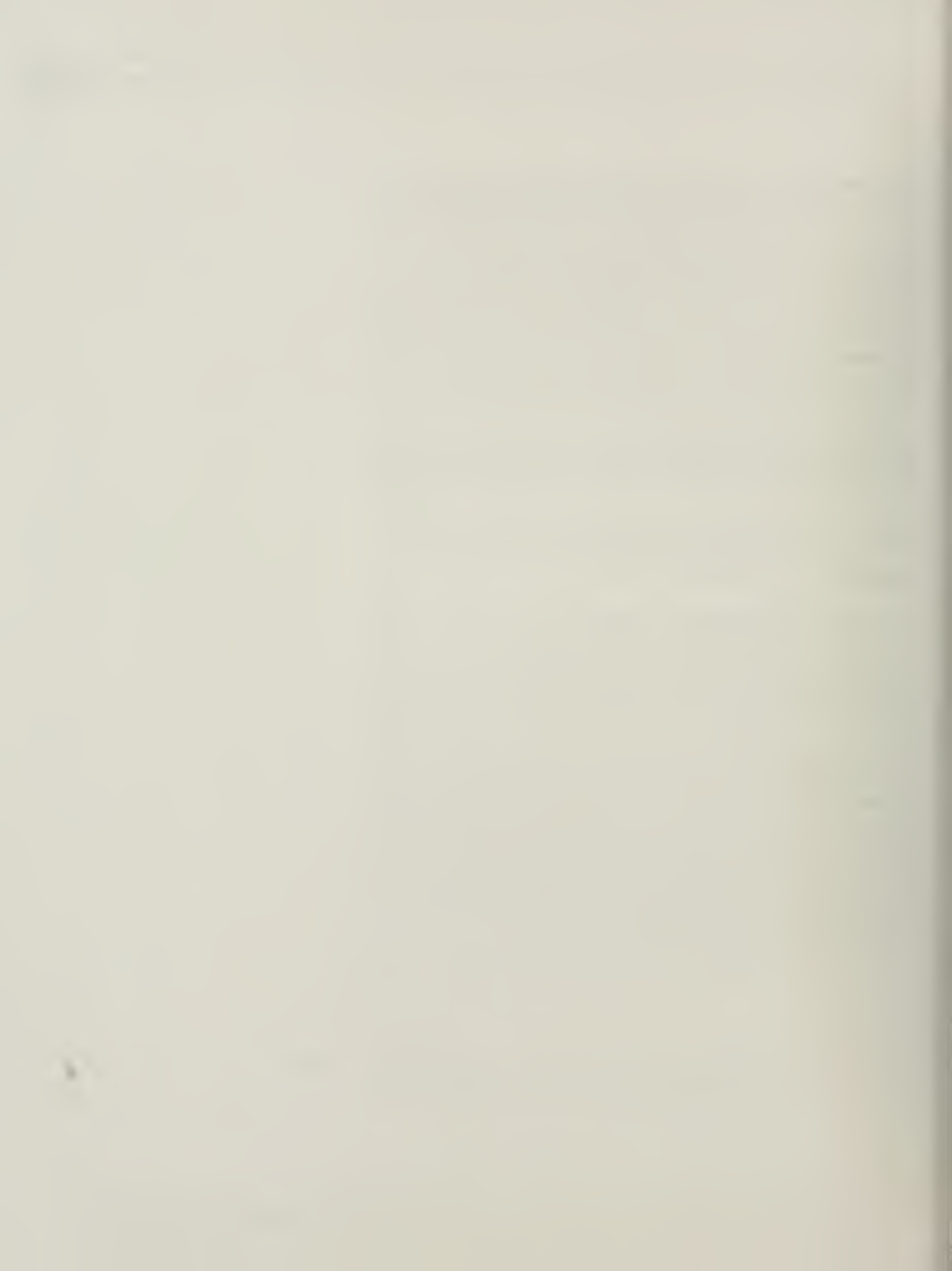
A critical mass of individuals is needed to ensure diversity, cultural competence, and cultural sensitivity throughout the recruitment and retention process. Developing a centralized resource for sharing resources is needed to increase access to diverse individuals and ensure better representation and availability of Hispanics/Latinos in the recruitment and selection of Federal employees. Ways to increase diverse representation on panels include offering access to subject matter experts across the Department and using detail mechanisms to provide needed interagency resources.

Recommendation 6: HHS should ensure that all vacancy announcements and other employment opportunities are posted on a central Web page.

HHS will be able to increase access to highly skilled Hispanics/Latinos by creating a critical mass network to facilitate all human resource efforts.

Summary

The work group suggested several approaches to overcoming major barriers to developing a Hispanic/Latino workforce. Financial barriers are addressed by recommendations to provide funding for recruitment bonuses, loan forgiveness programs, and other incentives and rewards for promoting diversity within the workforce. The need for accountability is reflected in recommendations to mandate diversity in all recruitment and retention and management panels and to hold managers and EEO personnel and managers accountable for diversity issues during annual appraisals. Barriers posed by the existing Federal recruitment and retention process are addressed by recommendations to use temporary, noncompetitive, and contract employees more effectively; establish a demonstration program to implement an alternative merit selection system that will address current practices and policies that limit diversity; and develop information resources such as an intranet and centralized Web pages that disseminate information about employment opportunities within HHS.



Work Group VII: Data and Policy Implications

Introduction

Health-related data collection and analysis are the fundamental basis for determining both the health status of the Hispanic/Latino population and the adequacy of HHS health service delivery systems. However, HAA reported a paucity of adequate health and human services data collection systems on Hispanic/Latino Americans, and the problem of inadequate data on minorities is a continuing challenge to HHS. An inclusive data collection program to address Hispanic/Latino community needs should encompass information on demographics, surveillance, morbidity and mortality statistics, clinical trials and research programs, and recruitment. The program also should include standardization of data within HHS, data integration, and tracking and monitoring systems.

Recommendations for improving data collection and analysis systems follow a continuum ranging from generic or systemic overhaul to the implementation of tailored, program-specific steps. Generic changes may include alterations in hardware and software, reprogramming of computer-based analytic tools, or redefining race and ethnicity data requirements. Specific changes may include modifications in methods for collecting and analyzing data germane to health concern areas for Hispanic/Latino communities. Such data could address issues such as immunization for infectious disease; regular screening (e.g., Pap smears, mammograms, and screening for prostate cancer); examination of ethnicity (genetic) versus cultural assimilation factors; prevalence statistics for diabetes, HIV/AIDS, and asthma; and assessment of infant mortality and birth outcomes.

Plenary speaker Olivia Carter-Pokras, Ph.D. described landmarks in Hispanic/Latino data collection. For example, the 1976 Public Law 93-311 requires collection and publication of statistics on Americans of Spanish descent or origin; Office of Management and Budget (OMB) Directive No. 15 defines Federal standards for racial and ethnic data; the Hispanic Health and Nutrition Examination Survey (HHANES) was initiated in 1982-1984; and the HHS inclusion policy and revision of Federal standards were issued in 1997.

The work group on Hispanic/Latino data considered ways to ensure that adequate data on race and ethnicity are collected in all HHS agencies; collect and report data in a standardized manner; address major health data gaps for the Hispanic/Latino population; improve data analysis and dissemination; and collect service, financing, and language use data to help identify problems and barriers faced by Hispanic/Latino customers trying to access health services.

Recommendation 1

Develop internal strategic planning and training and education programs on the role of data collection and analysis in fulfilling HHS' mission.

Recommendation 2

Improve data collection methods with a particular emphasis on recruitment activities and subgroup populations. Include culturally and linguistically competent data management specialists in planning meetings for form and survey instrument design.

Recommendation 3

Ensure the high quality of data analysis, interpretation, and dissemination. Develop standardized interface protocols for Federal data collection systems. Develop integrated data systems with standardized definitions for data fields.

Gaps and Needs

The primary data-related deficiencies identified by the work group included the need to:

- Collect data on underserved populations
- Collect subgroup data and recruitment data
- Include Hispanic/Latino representation on the decision-making and data interpretation levels in data collection and processing agencies.

Language and cultural impediments, both within HHS and in affected Hispanic/Latino populations, also were identified as barriers that must be overcome to ensure achievement of HAA objectives.

Recommendations

The work group developed the following recommendations and action steps to address gaps and improve Hispanic/Latino data collection.

Recommendation 1: Develop internal strategic planning and training and education programs on the role of data collection and analysis in fulfilling HHS' mission.

The work group recognized that the most effective means of improving the coordination and integration of data and policy objectives lay in improved strategic planning and in-house education programs. Thus, important action steps were offered to develop internal strategic planning and training and education programs to ensure that senior managers and resource planners fully understand the critical role of data collection and analysis in fulfilling HHS' mission. The target audience for this recommendation is HHS resource and budget allocation decision-makers.

Action Steps

- Assign and implement an executive and midlevel planning and education program for all agency heads and senior budget managers about the importance and inclusion of resources for data collection as part of the agency's annual planning and budgeting process. This planning and education program should include a review of data collection goals and measures of success of related programs. This program should begin October 1, 1999, and be an annual process.
- Provide TA, training, models, and templates to establish methods and procedures to achieve recommendations.
- Monitor and evaluate results. Ensure that a monitoring mechanism is included in the planning process and that frequent reports are generated.

Recommendation 2: Improve data collection methods with a particular emphasis on recruitment activities and subgroup populations. Include culturally and linguistically competent data management specialists in planning meetings for form and survey instrument design.

The work group suggested that data collection on recruitment activities and subgroup populations would be facilitated by a Department policy to collect data related to applicants for Department jobs, benefits, and programs. The recommendation to include culturally competent data management specialists in survey instrument design is intended to help maintain the integrity of data, ensure use of full data sets for Hispanic populations, and ensure data validity.

Action Steps

- Set aside FTE personnel slots for data collection and analysis.
- Require bilingual capability for positions interacting with people who speak other languages.
- Supplement existing surveys or develop specialized survey instruments that reach racial/ethnic minority subgroups in different parts of the country and involve those affected populations in designing the survey.
- Monitor compliance with HHS policy on language barriers to accessing department services.

Recommendation 3: Ensure the high quality of data analysis, interpretation, and dissemination. Develop standardized interface protocols for Federal data collection systems. Develop integrated data systems with standardized definitions for data fields.

Because of the large number of data systems within HHS, the work group was concerned with the ability of these systems to communicate with each other, to transfer data effectively, and to share data. To ensure a high quality of data analysis, interpretation, and dissemination, the work group recommended that HHS develop standardized interface protocols for Federal data collection systems and that it develop integrated data systems with standardized definitions for data fields.

Action Steps

- Involve the Hispanic/Latino community in data collection efforts to the extent possible and disseminate collected data to the affected groups.
- Conduct feasibility studies to determine what staff resources are needed to accomplish data analysis, interpretation, and dissemination.
- Give senior HHS managers all the necessary information tools needed to help them decide whether external recruitment or contractor support is needed.

Summary

These recommendations focus on ways to address key gaps in the collection of Hispanic/Latino data. Recommendations to facilitate the coordination and integration of data within HHS include the development of standardized interface protocols and definitions for data fields. Recommended training and education programs for HHS resource and budget allocation decision-makers are intended to address the need for funding by acquainting midlevel and higher level staff members with the importance of data collection. The work group also addressed concerns about the participation of target populations. The work group recommended including culturally and linguistically competent data management specialists in planning and design, developing specialized survey instruments that reach subgroups in different parts of the country, and providing feedback on collected data to Hispanic/Latino communities.

Work Group VIII: A Hispanic/Latino Research Agenda

Introduction

Although the Hispanic/Latino population has increased at a faster rate than many other immigrant populations, efforts by government, academic, and private organizations to include Hispanics/Latinos in ongoing or new research efforts are still inadequate. HAA noted that Hispanic/Latino involvement in research, as investigators and participants, is essential to improving clinical and public health practice as well as the delivery of effective health care services. Research protocols that do not include Hispanics/Latinos in the planning and conduct of studies and as research subjects may inadvertently create biases in clinical research protocols or in delivery systems.

Plenary speaker Robert O. Valdez, Ph.D., described the Inter-University Program for Latino Research (IUPLR), a consortium of 14 Latino research centers that facilitate the availability of policy-relevant, Latino-focused research. The IUPLR's health working group suggested that a Hispanic/Latino research agenda should include research on cultural beliefs and practices, welfare reform and managed care in Hispanic/Latino communities, translation strategies, nonfinancial barriers to accessing care, prevention strategies that motivate behavior change, and culturally appropriate and affordable drug treatment programs.

At the conference on Improving Hispanic/Latino Customer Service, the work group on a Hispanic research agenda was tasked with developing recommendations to encourage the participation of Hispanics/Latinos, both as investigators and research subjects, in health and human services studies, clinical trials, demonstration grants, and evaluation studies. The work group verified the existence of several different ongoing efforts to support a Hispanic/Latino research agenda, including training programs, grant support, researcher support, community-based research, community involvement in the research planning and grant review process, assistance in recruitment efforts, and the practical application of research findings.

Gaps and Needs

Despite these ongoing efforts, the work group identified the need for more Hispanic/Latino participation at all levels and at various intervals in the research process. This involvement not only would be useful in the collection of more data on the Hispanic/Latino population but also would result in improved data collection methods that would enhance the relevance and accuracy of the information gathered. The development of comprehensive initiatives, budgetary tracking mechanisms, performance measures, and, most important, an obvious top-level commitment at HHS to the development of a Hispanic/Latino research agenda could facilitate the involvement of Hispanics/Latinos in the research process.

Recommendation 1

Develop, design, and implement accountability procedures in research.

Recommendation 2

Develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research.

Recommendation 3

Evaluate existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.

Recommendations

To address these issues, the work group proposed several recommendations. The recommendations and action steps focus on the development of and adherence to accountability procedures, culturally sensitive research protocols, and a culturally appropriate research infrastructure.

Recommendation 1: Develop, design, and implement accountability procedures in research.

The need for improved accountability procedures was one of the most important issues for the work group. The absence of such procedures was perceived as being responsible for much mistrust and lack of enthusiasm among Hispanics/Latinos within the Government and community organizations. There was a clear message of the need for a central focal point for accountability at the inter-agency, intra-agency, and external-agency levels that sets goals and measures accomplishments. The group suggested the use of a GPRA framework for the Hispanic/Latino research community and adherence to the recommendations set forth in the TODOS report.

Action Steps

- Implement short- and long-term performance indicators for Hispanic/Latino research planning and budgeting.
- Align TODOS recommendations with GPRA performance objectives in annual plans and reports.
- Ensure input into GPRA performance plans and reports from Hispanic research organizations.
- Ensure that OMH works with the Assistant Secretary of Management and Budget to make certain the implementation of TODOS in GPRA performance plans and reports.

Recommendation 2: Develop methods for culturally sensitive research and recognize that culture is a paramount variable in human research.

The participation of Hispanic/Latino researchers and research subjects was considered paramount to the development of an appropriate Hispanic/Latino research agenda. Currently, the research questions and design are not based on qualitative research that reflects the Hispanic/Latino culture. Often the methodology used for collection of data from this population is not appropriate and thus will not yield the most fruitful results.

Action Steps

- Identify current efforts within HHS that are focused on culturally relevant research to develop benchmarks and best practices.

- Set aside \$100 million for Hispanic research. Ensure that culturally relevant individuals participate at all levels of the research process.

Recommendation 3: Evaluate existing HHS research infrastructure in relation to culturally relevant issues and communication mechanisms.

According to the work group, HHS lacks an appropriate and culturally relevant research infrastructure. One missing piece is a system to track the amount of money spent on Hispanic/Latino issues. Although data are collected on the race and ethnicity of populations being studied, there is a paucity of data and no way to track the amount of dollars spent on data about the Hispanic/Latino populations. The work group focused on the development of an infrastructure that would include Hispanics/Latinos in the determination of funding priorities.

Action Steps

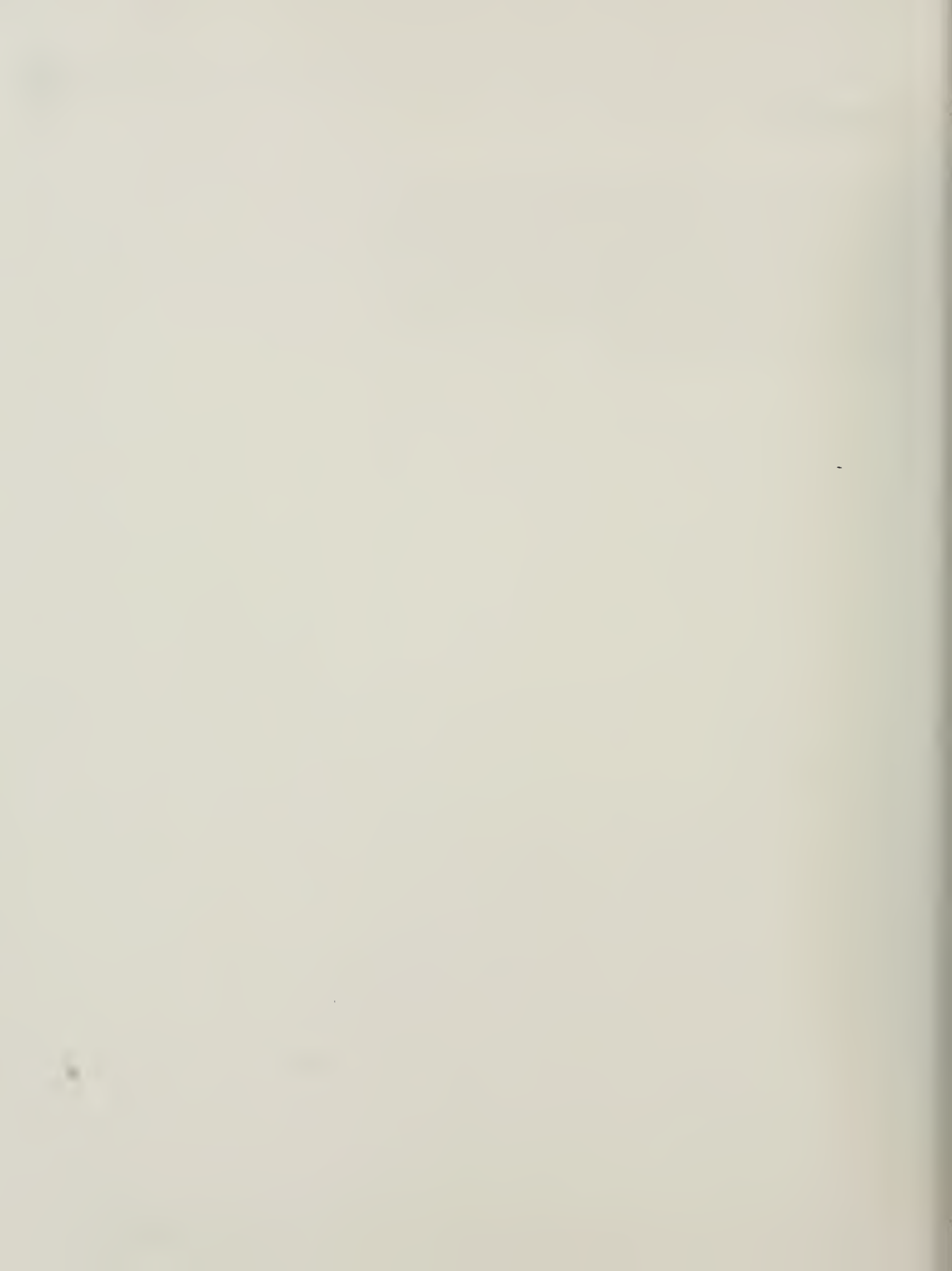
- Develop a brochure in the style of MEDLINE that includes dollar amounts for agencies' Hispanic/Latino research and public health projects.
- For each HHS agency, have the Deputy Director implement a tracking system of HAA's nine points and provide feedback to all units contributing information.

Summary

The three recommendations reflect the work group's consensus that much work has already been done to develop processes to enhance a Hispanic/Latino research agenda. However, no accountability procedures have yet been instituted to ensure the implementation of these processes. To achieve the outcome of increased involvement of Hispanics/Latinos in research planning, design and implementation, and performance measures, HHS agencies and units must develop and use tracking systems and review procedures that reflect the need for cultural sensitivity.

Conclusion

At the 2-day conference, 226 participants worked diligently to develop recommendations and action steps in eight identified HAA crosscutting areas. These recommendations will be used as a “road map” to further enhance HHS’ capacity to serve the health and human services needs of Hispanic/Latino Americans and to continue its efforts to implement HAA. In addition, the recommendations developed at the conference will be disseminated to the HAA Steering Committee, DMICC, and OPDIV and StaffDiv heads for specific followup action.



Conference Sponsors

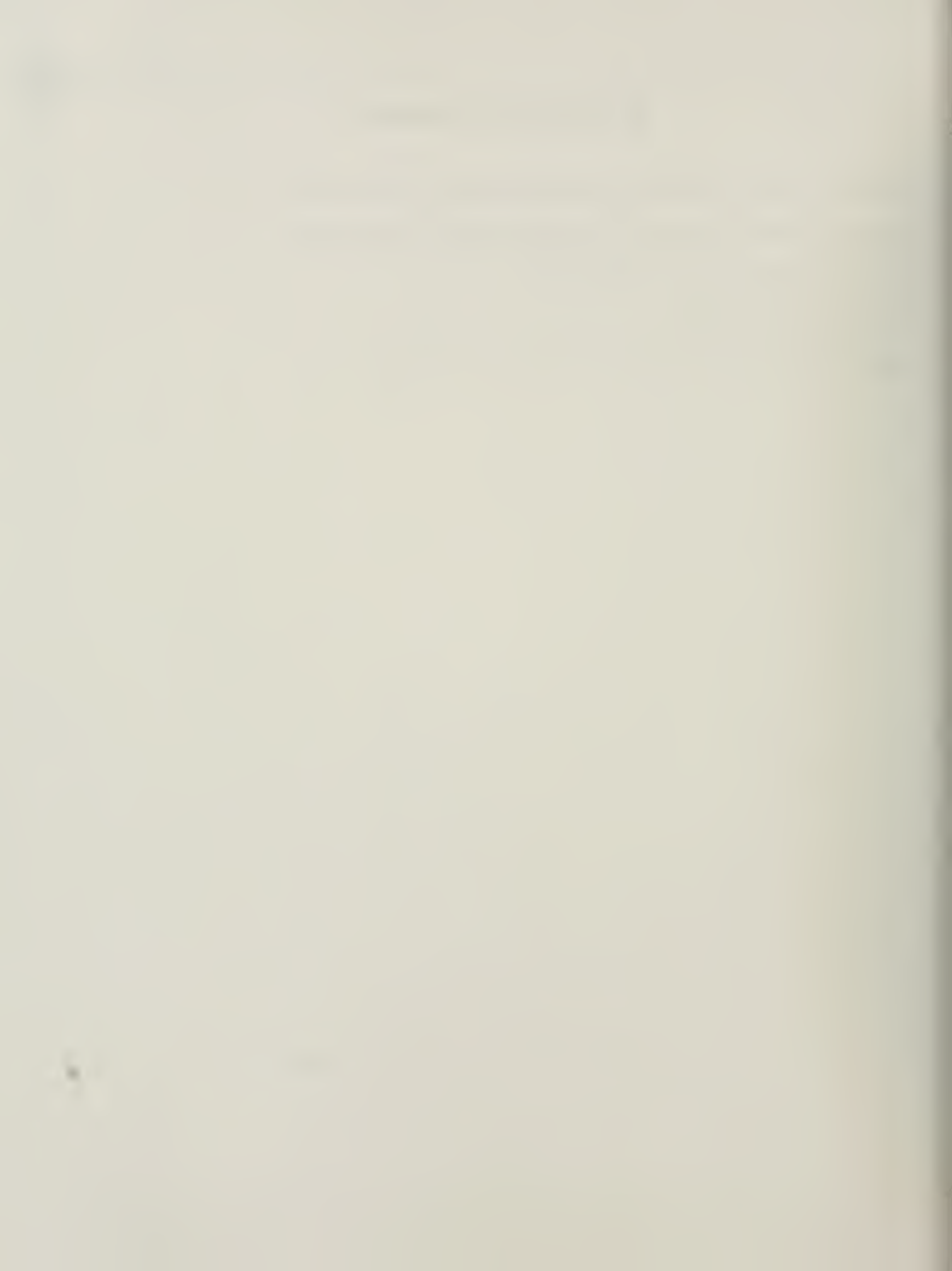
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Centers for Disease Control and Prevention

National Institutes of Health

Office of Minority Health, Office of Public Health and Science



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Agenda

Wednesday, January 13, 1999

7:30 - 8:30 Registration and Refreshments

8:30 - 10:30 Opening Session
Ballroom C

Master of Ceremonies
C. Godfrey Jacobs
Project Director, IQ Solutions, Inc.

Welcoming Remarks
Captain Twei Doong
Deputy Director, Office of Minority Health

Nicole Lurie, M.D.
Principal Deputy Assistant Secretary for Health
Office of Public Health and Science

Kevin Thurm
Deputy Secretary
U.S. Department of Health and Human Services

Hispanics-Changing America's Landscape: How Will Government
Respond Now and in the Future?
David E. Hayes-Bautista, Ph.D.
Director, Center for the Study of Latino Health
University of California - Los Angeles

Historical Perspective of the Hispanic Agenda for Action
Guadalupe Pacheco, M.S.W.
Special Assistant to the Director, Office of Minority Health

10:30 - 10:45 BREAK

10:45 - 12:00 Plenary Session I
Ballroom C

Communication Strategies To Reach Hispanic Customers
Carlos A. Ugarte, M.S.P.H.
Coordinator, Hispanic Communications Initiative
National Institutes of Health

Developing External Partnerships With the Hispanic Community
Richard E. Spencer, Jr.
Associate Director
Ohio Commission on Minority Health

Developing Internal Collaborations To Serve Hispanic Customers

*Richard Walling**Director, Office of the Americas and the Middle East**Office of International Refugee Health*

Establishing Partnerships With Hispanic-Serving Institutions

*Hector Garza, Ed.D.**Vice President, American Council on Education*

12:00 - 1:30

LUNCH

Ballroom B

White House Initiative on Educational Excellence for Hispanic Americans*Sarita E. Brown, M.A.**Executive Director, White House Initiative on Educational Excellence
for Hispanic Americans*

1:30 - 3:00

Plenary Session II

Ballroom C

Providing Culturally Competent Services to Hispanic Customers

*Frank Meza, M.D., M. P. H.**Kaiser Permanente Medical Center, East Los Angeles*

Developing a Hispanic Workforce

*William C. Parra, M.S.**Deputy Director, National Center for Environmental Health
Centers for Disease Control and Prevention*

Hispanic Data Program and Policy Implications

*Olivia Carter-Pokras, Ph.D.**Director, Division of Policy and Data
Office of Minority Health*

A Hispanic Research Agenda

*Robert O. Valdez, Ph. D.**Professor, Health Policy and Management
Interuniversity Program for Latino Research*

3:00 - 3:15

BREAK

3:15 - 4:45

**Interactive Session I: Assessing the Current Implementation Status
of the Hispanic Agenda for Action**

(Note: Please attend assigned sessions.)

Communication Strategies To Reach Hispanic Customers

McLean-Main Level

Karen Yanagisako, M.P.H., Facilitator, IQ Solutions, Inc.

Developing External Partnerships With the Hispanic Community

Fairfax-Main Level

Robbie L. Hayes, M.S., Facilitator, IQ Solutions, Inc.

Developing Internal Collaborations To Serve Hispanic Customers

Lee-Main Level

Michael B. Dunham, Facilitator, IQ Solutions, Inc.

Establishing Partnerships With Hispanic-Serving Institutions

Jackson-Main Level

Julio Fonseca, Facilitator, IQ Solutions, Inc.

Providing Culturally Competent Services to Hispanic Customers

Sully A-Lower Level

Susan M. Gallego, M.S.S.W., Facilitator, IQ Solutions, Inc.

Developing a Hispanic Workforce

Sully B-Lower Level

Jose A. Rivera, J.D., Facilitator, IQ Solutions, Inc.

Hispanic Data Program and Policy Implications

Mount Vernon-Lower Level

Iris HeavyRunner, Facilitator, IQ Solutions, Inc.

A Hispanic Research Agenda

Greensprings-Lower Level

Flavia R. Walton, Ph.D., Facilitator, IQ Solutions, Inc.

4:45 - 5:00

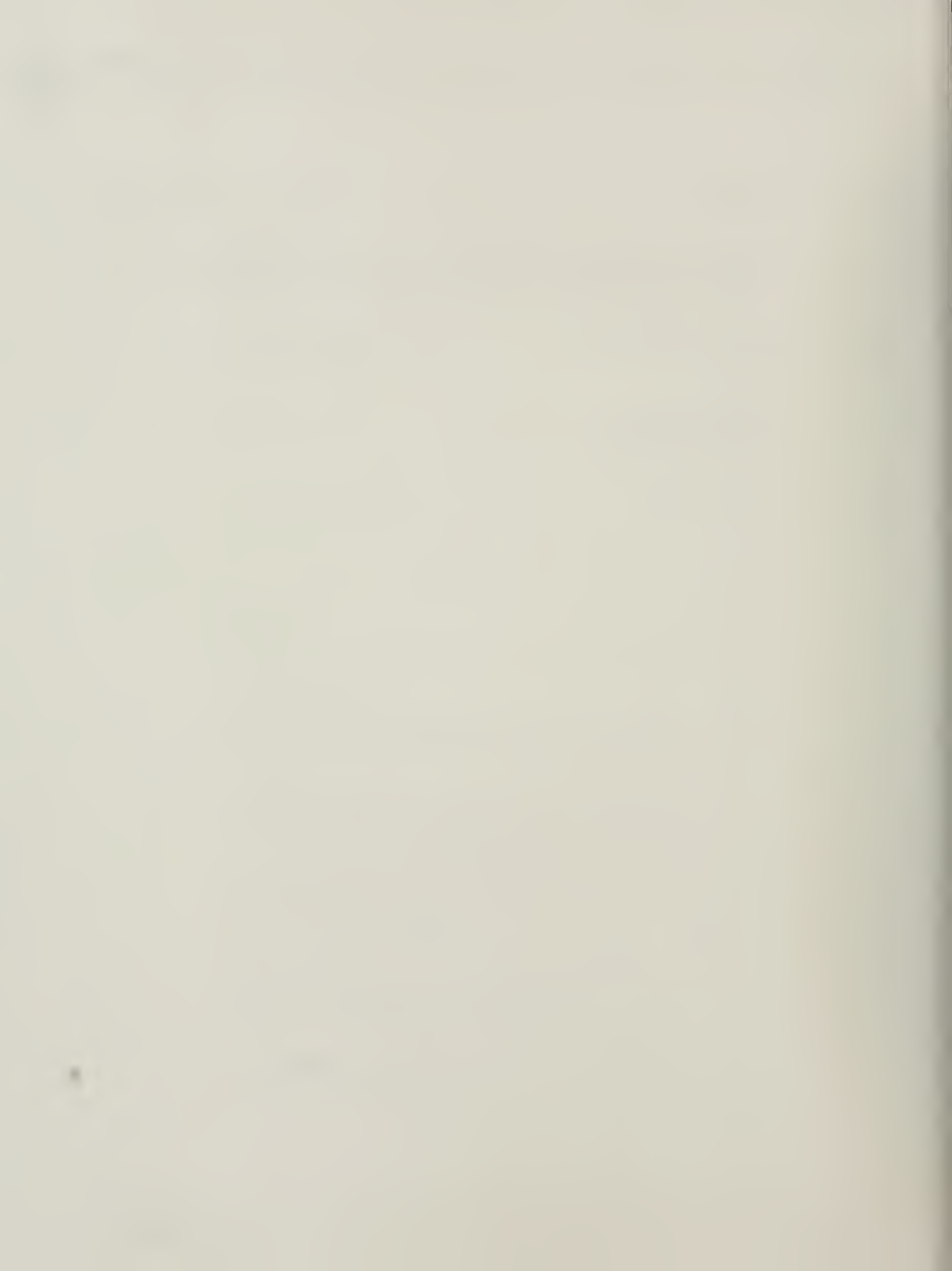
Daily Meeting Summary and Recess

Ballroom C

Thursday, January 14, 1999

- 8:00 - 8:30 Refreshments
- 8:30 - 9:00 Meeting Review/Preview and Opening Remarks
Ballroom B
- Captain Twei Doong*
Deputy Director, Office of Minority Health
- 9:00 - 9:45 Plenary Session III
Ballroom B
- Customer-Driven Services
Luis Vasquez-Ajmac
President, Maya Advertising and Communications
- 9:45 - 12:00 Interactive Session II: Roles, Responsibilities, and Outcomes
- Communication Strategies To Reach Hispanic Customers
Ballroom B
- Developing External Partnerships With the Hispanic Community
Fairfax-Main Level
- Developing Internal Collaborations To Serve Hispanic Customers
Lee-Main Level
- Establishing Partnerships With Hispanic-Serving Institutions
Jackson-Main Level
- Providing Culturally Competent Services to Hispanic Customers
Sully A-Lower Level
- Developing a Hispanic Workforce
Sully B-Lower Level
- Hispanic Data Program and Policy Implications
Mount Vernon-Lower Level
- A Hispanic Research Agenda
Greensprings-Lower Level

-
- 12:00 - 1:30 **LUNCH**
Ballroom A
- Improving Latino/Hispanic Customer Service—Looking to the 21st Century**
 Patricia Montoya, M.A.
 Commissioner, Administration for Children and Families
- 1:30 - 2:45 **Interactive Session Reports**
Ballroom B
- 2:45 - 3:00 **Meeting Summary and Closing Remarks**
 Captain Tuei Doong
 Deputy Director, Office of Minority Health
- 3:00 **ADJOURNMENT**



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